

Difficult Patients

Case #1



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OCTOBER 16, 2014

New Chronic Pain Patient



- Cassi is a 24yo new patient here for pain medications. She just moved to Indianapolis from South Bend.
- Upon check-in my staff informs the Cassi about our protocol for pain patients and lets her know she should expect to be in our office 60-90 minutes
- The nurse gives her a pain assessment, a depression screening and a substance risk assessment. She also informs Cassie that we needed a urine sample to do a urine drug screen as part of our evaluation.
- I run an INSPECT report while patient fills out paperwork



New Pain Patient



- I run an INSPECT report
- I review pain assessment
 - Cassi's pain assessment reveals moderate interference with sleep
 - Problems with mood
 - Pain is located in lumbar paraspinal region
- Cassi has a PMHx of severe back injuries requiring surgical repair following an MVA in 2011
- She takes OxyContin 20mg BID

New Pain Patient



- Substance Abuse Risk is low according to ORT that patient completed
- PHQ-9 scores 14 (evidence of depression)
- UDT in my office shows marijuana
- HPI- Here for eval for pain meds, no further concerns
- Physical Exam- pleasant patient, BMI=30, no distress, back exam- mild paraspinal tenderness bilaterally, nl strength, nl neurological exam

New Pain Patient



Important Facts in this case

- INSPECT oxycodone 20, #60, scripts 1doc q 30d X 12mo (as expected, no red flags)
- UDT- + marijuana, negative for prescribed drug (concerning for misuse)
- History and Physical rule out dangerous red flags that would indicate medical emergency



New Pain Patient



Diagnosis- Low Back Pain

Plan- Opioids not ideal due to age, absence of meds in UDT, use of marijuana. Inform patient rationale for not prescribing opioids.

- Physical Therapy
- Duloxetine started (treat pain/mood)
- Offered counseling for management of pain and depression
- Obtain old records
- RTC 4 weeks

Follow up Treatment



- Acknowledge pain
- Listen to patient
- Try to empower patient
- Continue to assess mood – PHQ-9/other
- Optimize sleep
- Topical Modalities
- Encourage weight loss / Promote Exercise

Non-Opioid Medications

MSK/Inflammatory pain

- Acetaminophen
- NSAIDS
- Topical anesthetics (lidocaine)
- Anti-inflammatory cream
- Steroid injections
- Muscle relaxants

Restore Sleep

Melatonin, TCA's, trazadone

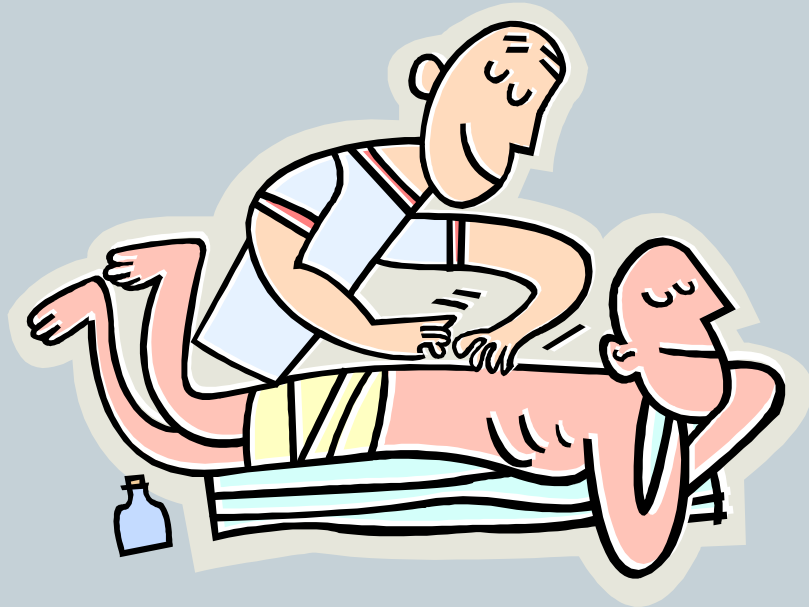
Neuropathic Pain

- Tramadol
- TCA's (SOR-A)
- Topical anesthetics
- Neuropathic creams
- SNRI's (SOR-A)
- Anticonvulsants

Visceral pain

- NSAIDS/acetaminophen
- Antispasmodics

Non-Pharmacologic Interventions



- Ice/Heat
- Exercise, stretching, yoga
- PT/TENS therapy/hypnosis
- Manipulation/OT
- Massage/acupuncture/CBT
- Interventional pain modalities
- Self-care- mattress, shoes
- Counseling

Pearls for High-Risk Patients



**ALWAYS refer for Chemical Dependency
Evaluation & Treatment**

Non-judgmental · Empathetic care

Do not abandon your patient